

APPLICATION FOR APPOINTMENT TO THE KING COUNTY  
MENTAL HEALTH ADVISORY BOARD

Dear Interested Applicant:

Please fill out the following application **and** attach a cover letter addressing why you would like to serve on the King County Mental Health Advisory Board. **Please also attach** your resume to the application and return to: Rhoda Naguit, Confidential Secretary, King County Mental Health, Chemical Abuse and Dependency Services Division, 821 Second Ave., Suite 610, Seattle, WA 98104.

Date: \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_  
(Note: Please indicate preferred mailing address with an asterisk \*.)

E-mail Address \_\_\_\_\_

King County Council District \_\_\_\_\_ (See attached map.)

Education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Employment or Activities \_\_\_\_\_  
Employer (if applicable) \_\_\_\_\_

Membership on any city and/or county boards commissions, or committees, and dates of term \_\_\_\_\_  
\_\_\_\_\_

Have you had any involvement with persons who have mental illness? \_\_\_\_ Yes \_\_\_\_ No

If yes, what has been your personal involvement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your professional involvement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn of this opportunity? \_\_\_\_\_  
\_\_\_\_\_

Languages spoken fluently \_\_\_\_\_

Please list four (4) personal and/or professional references:

Name/ Address	Telephone Number(s) (including area code)	Personal or Professional Reference?
1. _____	(_____) _____	_____
_____	(_____) _____	_____
_____	_____	_____

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_
3. \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_
4. \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 \_\_\_\_\_

What specific areas of interest do you have in mental health (check all that apply)?

- |  |   |
|--|---|
| <input type="checkbox"/> adult services                    | <input type="checkbox"/> Persons of ethnic minorities |
| <input type="checkbox"/> Children and youth services       | <input type="checkbox"/> gay and lesbian persons      |
| <input type="checkbox"/> deaf and hearing impaired persons | <input type="checkbox"/> housing                      |
| <input type="checkbox"/> Education                         | <input type="checkbox"/> legislative advocacy         |
| <input type="checkbox"/> Elderly persons                   | <input type="checkbox"/> managed care                 |
| <input type="checkbox"/> Quality assurance                 | <input type="checkbox"/> other _____                  |

**Time Commitment:** At a minimum, you will be required to attend the full board meeting on the second Tuesday of the month from 4:30 PM to 6:30 PM and at least one committee meeting every month. Additionally, you will be asked to serve as a liaison to at least one community mental health agency. Including reading of materials, the time commitment requirement is estimated to be approximately ten hours a month. Will you be able to make this time commitment for the duration of your term? Indicate **yes** or **no** \_\_\_\_\_.

Appointees to the King County Mental Health Advisory Board may not be a staff or board member of any PHP vendor or agencies with whom the County contracts for services or a King County employee because of the potential for conflict of interest.

King County prohibits discrimination on the basis of race, color, religion, creed, national origin, sex, sexual orientation, marital status, disabled veteran status, Vietnam Era Veteran status, or disability status.

The King County Executive seeks diverse representation on the King County Mental Health Advisory Board. Information in the following section will assist in achieving this goal. It is voluntary on your part.

Thank you for your consideration. If you have any questions or would like additional information, please contact Rhoda Naguit, Confidential Secretary, at (206) 296-7623 or [rhoda.naguit@metrokc.gov](mailto:rhoda.naguit@metrokc.gov)

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#### PERSONAL INFORMATION

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic/Chicano/Latino | <input type="checkbox"/> White |
| <input type="checkbox"/> African American       | <input type="checkbox"/> Native American         | <input type="checkbox"/> Other |
- Date of birth: \_\_\_\_\_ Sex: \_\_\_\_ (F) \_\_\_\_ (M) Person with disabilities? \_\_\_\_ Yes \_\_\_\_ No